

**STATE OF NEVADA**  
**Department of Business & Industry---DIVISION OF INSURANCE**  
**Individual Resident and Non-Resident Insurance License Application**  
**Mailing Address: 788 Fairview Dr #300, Carson City, NV 89701-5491**  
(Please Print or Type)

Division Use Only: Fees: \_\_\_\_\_ Check #: \_\_\_\_\_ Application ID#: \_\_\_\_\_ IND ID#: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ License No: \_\_\_\_\_ NV Resident Criminal History Report: ☐

① Soc. Security Number		② If applicable, NASD Individual Central Registration Depository (CRD) Number	
③ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name
		⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)		⑨ P.O. Box	⑩ City
			⑪ State
		⑫ Zip or Foreign Country	
⑬ Home Phone Number ( ) -	⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)	
⑯ <b>Personal</b> Business Name (dba) (Provide Nevada County Clerk Filing if you have a physical location in Nevada)			
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City
			⑳ State
		㉑ Zip or Foreign Country	
㉒ Business Phone Number ( ) -	㉓ Business Fax Number ( ) -	㉔ Business E-Mail Address	
		㉕ Business Web Site Address	
㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City
			㉙ State
		㉚ Zip or Foreign Country	
㉛ If Applicable, beginning date of residency in the State of Nevada: ____ Month ____ Day ____ Year <b>Nonresidents:</b> "Home State" where you hold a Resident License _____			

**Agency or Business Entity Affiliations**

㉜ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

**Employment History**

㉝ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
_____ City _____ State _____	____	____	____	____	
_____ City _____ State _____	____	____	____	____	
_____ City _____ State _____	____	____	____	____	
_____ City _____ State _____	____	____	____	____	
_____ City _____ State _____	____	____	____	____	
_____ City _____ State _____	____	____	____	____	
_____ City _____ State _____	____	____	____	____	
_____ City _____ State _____	____	____	____	____	

**Are you now or have you ever been licensed by the Div of Insurance in Nevada?** \_\_\_\_\_ **Yes**  
\_\_\_\_\_ **No**

### Background Information

35 The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_\_ No \_\_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
- a copy of any 18 USC 1033 waiver you received from any other state Insurance Division (if applicable)

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_\_ No \_\_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- copies of all relevant documents.

#### 6. CHECK ONLY ONE STATEMENT REGARDING CHILD SUPPORT OBLIGATION:

I am **NOT SUBJECT** to a court order for the support of a child..... ☐

I am subject to a court order for the support of one or more children and **AM IN COMPLIANCE** with that order or plan approved by the District Attorney..... ☐

I am subject to a court order for the support of one or more children and **NOT IN COMPLIANCE** with that order or plan approved by the District Attorney..... ☐

### Applicants Certification and Attestation

36 The Applicant must read the following very carefully:

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

- Nonresidents Only:** Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- I authorize the Commissioner of Insurance to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I am familiar with the insurance laws and regulations of the State of Nevada to which I am applying for licensure.

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Original Applicant Signature

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE**

Changes in Nevada's laws go into effect on October 1, 2001. Nevada has adopted the NAIC Producer Licensing Model Act and will issue a Producer License (no more agent, broker or solicitor license)

Check the license type(s) and line(s) of authority for which you are applying.

- ☐ **PRODUCER**      ☐ **SURPLUS LINES BROKER**  
☐ **Currently licensed in Nevada.**  
☐ **Adding qualifications or entity affiliation to an existing license.**

<input type="checkbox"/> <b>Individual</b>	<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Partnership</b>	<input type="checkbox"/> <b>Sole-Proprietorship</b>	<input type="checkbox"/> <b>Limited Liability Company</b>	<input type="checkbox"/> <b>Limited Liability Partnership</b>
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**Major Lines of Authority/Qualifications:**

Qualification(s)

<input type="checkbox"/> <b>Life</b>	<input type="checkbox"/> <b>Health</b>	<input type="checkbox"/> <b>Variable Annuities/ Life</b>	<input type="checkbox"/> <b>Property</b>	<input type="checkbox"/> <b>Casualty</b>	<input type="checkbox"/> <b>Surety</b>	<input type="checkbox"/> <b>Personal Lines</b>
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**Limited Lines:**

<input type="checkbox"/> <b>CREDIT</b>	<input type="checkbox"/> <b>FIXED ANNUITIES</b>	<input type="checkbox"/> <b>TRAVEL/BAGGAGE</b>	<input type="checkbox"/> <b>RENTAL CAR AGENCY</b>
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**Other License Types:**

Please note that some license types may have special requirements and / or restrictions. You may access the checklist for your specific license type on our web site at <http://www.doi.state.nv.us>.

<input type="checkbox"/> <b>Insurance Consultant</b>	<input type="checkbox"/> <b>Funeral Agent</b>	<input type="checkbox"/> <b>Cemetery Merchandise Agent</b>	<input type="checkbox"/> <b>Funeral Seller</b>	<input type="checkbox"/> <b>Cemetery Merchandise Seller</b>
<input type="checkbox"/> <b>Motor Club Agent</b>	<input type="checkbox"/> <b>Fraternal Agent</b>	<input type="checkbox"/> <b>Viatical Settlement Broker</b>	Viatical Broker use Individual Application. Viatical Provider use Entity Application.	<input type="checkbox"/> <b>Viatical Settlement Provider</b>

<input type="checkbox"/> <b>Independent Adjuster</b>	<input type="checkbox"/> <b>Public Adjuster</b>	<input type="checkbox"/> <b>Associate Adjuster</b>	<input type="checkbox"/> <b>Motor Vehicle Physical Damage Appraiser</b>	
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<input type="checkbox"/> <b>Title Agent</b>	<input type="checkbox"/> <b>Escrow Officer</b>	<input type="checkbox"/> <b>Reinsurance Intermediary Manager</b>	<input type="checkbox"/> <b>Reinsurance Intermediary Broker</b>	
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<input type="checkbox"/> <b>Bail Agent</b>	<input type="checkbox"/> <b>Bail Solicitor</b>	<input type="checkbox"/> <b>General Agent for Bail</b>	<input type="checkbox"/> <b>Bail Enforcement Agent</b>	
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<input type="checkbox"/> <b>Third Party Administrator for life, health and workers' compensation</b>	<input type="checkbox"/> <b>Utilization Review Agent</b>	<input type="checkbox"/> <b>Managing General Agent</b>
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<input type="checkbox"/> <b>Nonresident's only: If you do not find your license type listed above you must provide the license type and qualifications you hold in your home state.</b>
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